

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/5

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635**  
**1993**

**IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.

**REPORT COVERS PERIOD FROM** 04/01/2009 **THROUGH** 06/30/2009

**CUMULATIVE PERIOD BEGINNING** 01/01/2009

**TYPE OR PRINT IN INK**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

**FOR OFFICIAL USE ONLY**

**A**

**B**

NAME OF FILER:

Disability Rights California

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

Sacramento

CA

95814

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

AB 1013,1037,1044,1124,114,1169,120,1228,1261,1269,131,1356,140,1415,1430,144,1445,1457,1487,1517,1532,1538,1568,1872,21 - 4,215,23,235,242,244,249,268,287,302,303,315,342,344,366,367,369,382,383,386,398,407,416,421,438,492,535,541,542,613,661,686 - ,743,754,762,768,773,780,82,826,935; (See Memo)

☒ If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) .....	\$	<u>45574.48</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>0.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>51500.35</u>

GRAND TOTAL (A + B + C + D above) .....	\$	<u>97074.83</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E) .....	\$	<u>0.00</u>
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F. Campaign Contributions: ☐ Part IV completed and attached ☒ No campaign contributions made this period

**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
07/24/2009

At (City and State)  
Sacramento, CA

By (Signature of Employer or Responsible Officer)  
Catherine Blakemore

Name of Employer or Responsible Officer (Type or Print)  
Catherine Blakemore

Title  
Executive Director

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: Disability Rights California**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title
Employee Evelyn M. Abouhassan Senior Legislative Advocate	Employee Deborah Doctor Legislative Advocate
Employee Brandon Tartaglia Legislative Advocate	

☐ If more space is needed, check box and attach continuation sheets.
**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 45574.48	\$ 81485.97

**B. PAYMENTS TO LOBBYING FIRMS** (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date

☐ If more space is needed, check box and attach continuation sheets
**TOTAL THIS PERIOD** (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 0.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: Disability Rights California**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)  
 Also enter the total of Section C on Line C of  
 the Summary of Payments section on page 1.

\$ 0.00

**D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION**
☐ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

 1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed  
 Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 51500.35

 TOTAL SECTION  
 D (1 + 2) Also  
 enter the total of  
 Section D on Line  
 D of the Summary  
 of Payments  
 section on page 1.

\$ 51500.35

**E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION**
 Also, enter the total of Section E on Line E of the  
 Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF FILER: Disability Rights California

**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which  
Has Filed A Campaign Disclosure Statement:

Identification Number if  
Recipient Committee: \_\_\_\_\_

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

**NOTE:** Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

# TEXT ANNOTATION

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**Schedule** F635

**Reference No:**

Cont.: SB 1044,105,110,117,141,142,1538,1608,18,1896,208,290,303,344,398,399,438,465,541,543,564,618,630,6609,669,689,732,743, - 755,773,781,812; Capitol Action Day; IHSS; Prop. IA; Prop. IE; SS Act 1915i; SSI; OLMSTEAD; DD Stakeholder Budget.